BEST AVAILABLE COPY

DATENT ADDI (CATION SES DETENDADA									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2000								09/762067					
CLAIMS AS FILED - PART I							SM	SMALL ENTITY			OTHE	R THAN	
TOTAL CLAIMS			(Column 1) (Colu			Imn 2) TYPE				OR		ENTITY	
FOR			NUMBER		****		ŀ ├ ─	ATE	FEE]	RATE	FEE,	
TOTAL CHARGEABLE CLAIMS			10	10		BER EXTRA	TRA BASIC		E 355.00	OR	BASIC FEE	710.00	
			/ / minus 20=				X\$ 9=			OR	X\$18=		
INDEPENDENT CLAIMS MULTIPLE DEPENDENT CLAIM PR			minus 3 =				×		OR	X80=			
	OCTIFEE DEFE	NUENT CLAIM P	HESENI					135=		OR	+270=		
• 1	f the difference	in column 1 is	ess than zero, enter "0" in column 2				LTC	TAL		OR	TOTAL	000	
CLAIMS AS AMENDED - PART II										Jon	OTHER	THAN	
_	(Column i) (Column 2) CLAIMS HIGHEST					(Column 3)	SN	IALL	ENTITY	OR	SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	BEA DUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 82	Minus	. 3	0	= 65	X	5 9 =		ОЯ	X\$18=	11781	
A	Independent	NTATION OF MI	Minus		<u> </u>	= ~	X.	10=		OR	X80=	11 / 2	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								35=		OR	+270=		
								OTAL		L	TOTAL		
	EV TURBUTU SON FULL	(Column 1)		(Colum	n 2)	(Column 3)	AUUI	T. FEE] • • • •	ODIT. FEE	· ·	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER	PRESENT EXTRA	R/	TE	ADDI- TIONAL		RATE	ADDI- TIONAL	
	Total	•	Minus	**		=	XS	9=	FEE	OR	X\$18=	FEE	
	Independent	•	Minus	***		=	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0=					
	FIRST PRESE				OR	X80≃							
							L.	35=		OR	+270=		
								OTAL FEE		OR A	TOTAL DDIT. FEE		
(Column 1) (Column 2) (Column 3)												l	
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	- 1.6.	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Independent	ATTION OF IT	Minus ·	***		=	X4	0=			X80=		
THIST PRESENTATION OF MOLTIPLE DEPENDENT CLAIM													
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number lound in the appropriate box in column 1.													
	ne riignest Num	per Previously Paid	For" (Total or	Independer	nt) is the	highest number	lound in t	he app	ropriate box	in colu	mn 1.	- 1	

FORM PTO-875 (Rev. 8/00)

Palent and Trademark Office, U.S. DEPARTMENT OF COMMERCE